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FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08959

08951

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tangier Sound		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS 1003 Wilmington Ave.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle ORVAL	Last BUNDICK	4. DATE OF DEATH June 26	Month June	Day 26	Year 1966
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 5, 1922	9. AGE (in years last birthday) 44 yrs.	I/F UNDER 1 YEAR Months 0	I/F UNDER 24 HRS. Days 0	Hrs 0	Min 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk	10b. KIND OF BUSINESS OR INDUSTRY Filbert-Butterine Co.	11. BIRTHPLACE (State or foreign country) Somerset County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Stacius Bundick	14. MOTHER'S MAIDEN NAME Beatrice Taylor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. Yes WW II 219-14-2335	17. INFORMANT Mrs. Rose M. Bundick, same as 2.a,b,d,c, above	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental drowning			INTERVAL BETWEEN ONSET AND DEATH
850X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____			DUE TO
DUE TO			
DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> ND <input checked="" type="checkbox"/>

20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Boating accident			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> ND <input checked="" type="checkbox"/>
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20c. TIME OF INJURY Month, Day, Year Hour a.m. 1:00 PM 6/26 1966	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Tangier Sound	20f. (City or town) (County) (State) near Crisfield, Maryland
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21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
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ACTUAL SIGNATURE <i>C. G. Rawley</i>	CHIEF MEDICAL EXAMINER <input type="checkbox"/>	22. DATE SIGNED 6/20/66
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EXAMINER'S NAME (Type) C. G. Rawley, M.D.	M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	DEPUTY MEDICAL EXAMINER <input type="checkbox"/>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF July 2, 1966	23c. NAME OF CEMETERY OR CREMATORIUM Lakeview Memorial Park	23d. LOCATION (City, town or county) (State) Carroll County, Maryland
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24. FUNERAL DIRECTOR Bradshaw & Sons — Crisfield, Md.	ADDRESS	25a. REC'D BY REGISTRAR JUL 5 1966	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File **Items 1 and 2** with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08960

CERTIFICATE OF DEATH

08952

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)		a. STATE Maryland		b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		/ Maryland Crisfield		c. LENGTH OF STAY IN 1b 13 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Marion Station		19-1			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		McCreaddy Memorial Hospital				d. STREET ADDRESS		RFD		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> ND <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First Florence	Middle Gunby	Last Chaffey	4. DATE OF DEATH	Month June	Day 2	Year 1966					
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS						
Female		White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	Sept 30, 1889	76 yrs.	Months	Days	Hours	Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (County & State, or foreign country)			12. CITIZEN OF WHAT COUNTRY? USA				
Housewife			Own home			Marion Station, Md.							
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME										
Charles Gunby			Emma Lankford										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address							
No		None		None		William Chaffey, Jr., Same as 2.abcd							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]													
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>													
332X Ccnditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>High Arteriosclerosis</u> YES - (c) <u></u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>													
MEDICAL CERTIFICATION		20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)									
		20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)					
19													
21. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on June 2 1966, and that death occurred at 4:17 PM, from the causes and on the date stated above.													
22a. SIGNATURE		22b. DATE SIGNED											
C.G. Rawley, M.D.													
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		Crisfield, Maryland									
Burial		June 4, 1966		St. Paul's Episcopal Cem.		Marion Station, Md.		23d. LOCATION (City, town or county) (State)					
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE							
Bradshaw & Sons, Crisfield, Md.				JUN 6 1966		Charles Judge							

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08961

CERTIFICATE OF DEATH

08953

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Then please, remove carbon papers, Pages 1 and 2, director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers, Pages 1 and 2, director, page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		c. LENGTH OF STAY IN 1b Life Time		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 00			
2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)		a. STATE Maryland		b. COUNTY Somerset		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne			
3. NAME OF DECEASED (Type or print)		First Lillie	Middle	Last Dennis	4. DATE OF DEATH 6	Month I2	Day 19	Year 66	
5. SEX Female		6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/4/1863	9. AGE (In years last birthday) 103 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS Days 0	12. IF UNDER 24 HRS Hours 0	13. IF UNDER 24 HRS Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (County & State, or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A			
13. FATHER'S NAME Salis Wright		14. MOTHER'S MAIDEN NAME William Anna Newman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 000-00-0000		17. INFORMANT Mary Dennis, Princess Anne, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH Oct 20 65							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4322		DUE TO myocarditis							
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. 4322		DUE TO (b)							
		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 7 months							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED while at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 10		20f. (City or town) Princess Anne		(County) Maryland	
21. I certify that (I) (this hospital) attended the deceased from Oct 20 65 to June 12 1966 that (I) (we) last saw the deceased alive on June 10 1966 and that death occurred at 11 p.m. from the causes and on the date stated above.		22b. DATE SIGNED June 16 66							
22a. SIGNATURE Eldon G. Mankman		22b. DATE SIGNED June 16 66							
22c. PHYSICIAN'S NAME (Type) Eldon G. Mankman		22d. ADDRESS Princess Anne, Maryland							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 6/16/66		23c. NAME OF CEMETERY OR CREMATORIAL John Wesley		23d. LOCATION (city, town or county) Princess Anne, Maryland		(State)	
24. FUNERAL DIRECTOR William H. James Jr. Princess Anne, Md		25a. REC'D BY REGISTRAR JUN 20 1966							
		25b. REGISTRAR'S SIGNATURE Charles Judge							

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1 M
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute one certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND															
MEDICAL EXAMINER'S CERTIFICATE OF DEATH															
1. PLACE OF DEATH a. COUNTY SOMERSET				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WESTOVER RURAL											
d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WESTOVER RURAL				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) LEVIN THOMAS DYKES				First		Middle		Last		4. DATE OF DEATH	Month	Day	Year		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH JULY 9, 1898		9. AGE (In years last birthday) 67 yrs.		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LOBER				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) MARYLAND				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME LEVIN H. DYKES				14. MOTHER'S MAIDEN NAME VIRGINIA CARMEAN											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT MRS LENA TOWNSAND POCOMOKE, MD.				Address			
218-16-5181												INTERVAL BETWEEN ONSET AND DEATH minutes			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction															
4201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) coronary arteriosclerosis												years			
DUE TO (b) coronary arteriosclerosis															
DUE TO (c) prostate hypertrophy															
20e. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)				20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>												22. DATE SIGNED 6-17-66			
ACTUAL SIGNATURE <i>Everett Sutter MD</i>												M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
EXAMINER'S NAME (Type) Everett Sutter MD												Address (Street, city, town, or county) Somerset			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				23b. DATE THEREOF 6/17/1966				23c. NAME OF CEMETERY OR CREMATORIAL COKESBURY MET. CEMETERY				23d. LOCATION (City, town or county) (State) COKERSBURY, MD.			
24. FUNERAL DIRECTOR LEVIN R. WILSON PRINCESS ANNE, MD.				ADDRESS								25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE <i>j Charles Judge</i>	
												DATE JUN 20 1966			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08963

CERTIFICATE OF DEATH

08955

1. PLACE OF DEATH, a. COUNTY		Items 1a, 1d & 1m 6320 of 20466 mb		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
<i>SOMERSET</i> MARYLAND				a. STATE <i>Md</i>	b. COUNTY <i>SOMERSET</i>
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Crisfield</i>		c. LENGTH OF STAY IN 1b <i>LIFE</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Crisfield</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Chesapeake Ave.</i>		d. STREET ADDRESS <i>327 CHESAPEAKE AVE</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>CECIL</i>	Middle <i></i>	Last <i>Handy</i>	4. DATE OF DEATH <i>6</i>	Month <i>6</i> Day <i>6</i> Year <i>1966</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>FEB. 18, 1884</i>	9. AGE (In years last birthday) <i>82</i>	10. IF UNDER 1 YEAR Months <i></i> Days <i></i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>SEAFOOD</i>		11. BIRTHPLACE (County & State, or foreign country) <i>Manokin Md.</i>	
13. FATHER'S NAME <i>Morris King</i>		14. MOTHER'S MAIDEN NAME <i>Lydia Miles</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>212-16-7009</i>	17. INFORMANT <i>Sedonie Wharton Crisfield Md</i>	Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 yr -</i>					
334X Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i></i>	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from <i>May 15</i> , 1966, to <i>June 6</i> , 1966, that (I) (we) last saw the deceased alive on <i>June 6</i> , 1966, and that death occurred at <i>5:15</i> M, from the causes and on the date stated above.					
22a. SIGNATURE <i>Sarah M. Peyton</i>		22b. DATE SIGNED			
22c. PHYSICIAN'S NAME (Type) <i>SARAH M. PEYTON</i>		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22d. ADDRESS <i>33 W. Main Crisfield, Md.</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE THEREOF <i>6/10/66</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Asbury</i>	23d. LOCATION (City, town or county) <i>Crisfield</i>	(State) <i>Md.</i>
24. FUNERAL DIRECTOR <i>Anthony G. Ward Crisfield Md</i>		ADDRESS	25a. REC'D BY REGISTRAR <i></i>	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	DATE <i>JUN 13 1966</i>

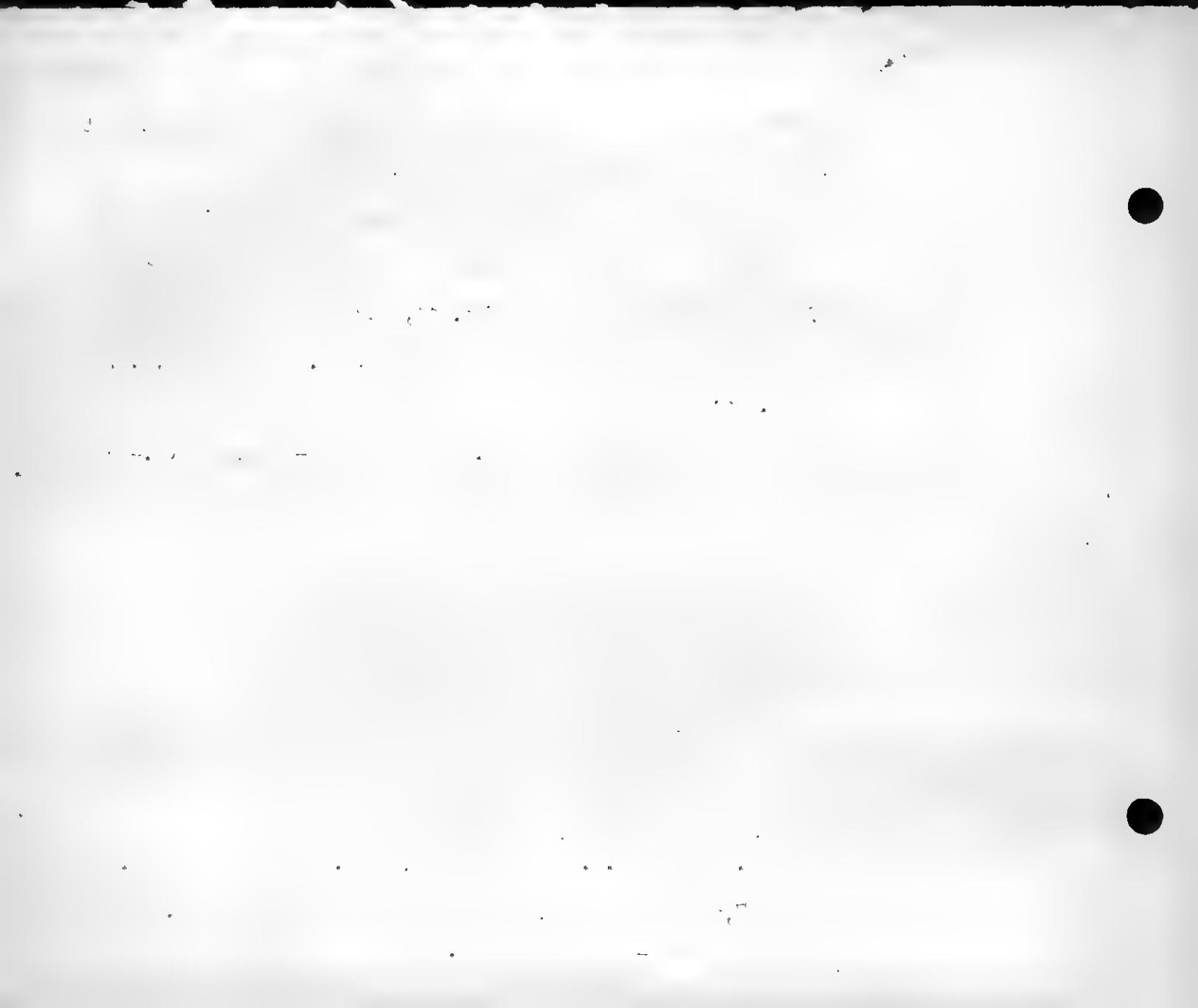
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												CERTIFICATE OF DEATH			08957			
1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset														
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b 70 years				c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield										
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Smith's Care Home								d. STREET ADDRESS Jacksonville Section				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print)		First LOUISA		Middle ELLEN		Last LAIRD		4. DATE OF DEATH Month June Day 15 Year 1966										
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 11, 1879		9. AGE (In years last birthday) 86 yrs.		10. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (County & State, or foreign country) Annapolis, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife																		
13. FATHER'S NAME James W. League								14. MOTHER'S MAIDEN NAME Fannie Brewer										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> If yes give war or dates of service No				16. SOCIAL SECURITY NO. None				17. INFORMANT Mrs. Horace Blades-7 Minden Ave.-Crisfield,				Address			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				DUE TO Cerebral Thrombosis											INTERVAL BETWEEN ONSET AND DEATH			
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.				(b) Atherosclerosis - generalized														
(c)																		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Stabbed Aorta - Nephritis following nephrectomy												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)														
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)										
21. I certify that (I) (this hospital) attended the deceased from June 1, 1966 , to June 15, 1966 , that (I) (we) last saw the deceased alive on June 15, 1966 , and that death occurred at 10 AM , from the causes and on the date stated above.												22d. DATE SIGNED						
22a. SIGNATURE <i>Sarah M. Peyton</i>																		
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyton, M.D.				M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>				22d. ADDRESS Main St. - Crisfield, Md.										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF June 17, 1966		23c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		23d. LOCATION (City, town or county) Crisfield, Md.										
24. FUNERAL DIRECTOR				ADDRESS Bradshaw & Sons - Crisfield, Md.				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE JUN 23 1966 <i>Charles Judge</i>								



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.													
Page 4 may be retained by the hospital or attending physician.													
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.													
1. PLACE OF DEATH a. COUNTY		Somerset MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		Crisfield 1 day					c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		McCready Memorial Hospital					d. STREET ADDRESS 9 Second Street						
3. NAME OF DECEASED (Type or print)		First Larry	Middle Lee	Last Landon	4. DATE OF DEATH		Month June	Day 27	Year 1966				
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH		9. AGE (in years last birthday) // / / yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days Hours Min.				
Male		White	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	June 27, 1966		11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY					Crisfield, Md.			USA			
None		None											
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME											
Robert Lee Landon		Betty Roach											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address							
No		None		None		Robert Lee Landon, Same as 2. abcd							
<p>18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <i>Premature separation of placenta</i> INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs.</i></p> <p>Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.</p> <p>(b) _____</p> <p>(c) _____</p> <p>DUE TO</p> <p>DUE TO</p> <p>DUE TO</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)</p>													
MEDICAL CERTIFICATION		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>											
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)									
19		While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		Crisfield, Maryland Anne Arundel County Maryland									
21. I certify that (I) (this hospital) attended the deceased from <i>June 27, 1966</i> , to <i>June 27, 1966</i> , that (I) (we) last saw the deceased alive on <i>6-27-66</i> 19_____, and that death occurred at M, from the causes and on the date stated above.													
22a. SIGNATURE <i>C. N. Rawley</i>													
22b. DATE SIGNED													
22c. PHYSICIAN'S NAME (Type)		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS Crisfield, Maryland									
C. N. Rawley, M.D.													
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORIUM		23d. LOCATION (City, town or county)		(State)					
Burial		June 27, 1966		Sunnyridge Cemetery		Crisfield, Md.							
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE							
Bradshaw & Sons, Crisfield, Md.				DATE JUN 29 1966		<i>Charles Judge</i>							



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

18966		08959												
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY												
Somerset MARYLAND		Maryland Somerset												
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b												
Crisfield		5 Days												
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		Tylerton												
McCready Memorial Hospital		d. STREET ADDRESS												
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>														
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year						
Laura Gertrude Marsh		Laura	Gertrude	Marsh	June	18	19	66						
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS							
Female		White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	Jan. 14, 1885	81 yrs.	Months	Days	Hours	Minutes					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)			12. CITIZEN OF WHAT COUNTRY?							
Ass't. Postmaster		U.S. Postal Service		Tylerton, Md.			U.S.A.							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME												
Willie A. Evans		Elphretina Evans												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address								
NO				Mrs. Tolson Brimer-- Ewell, Md.										
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]														
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH 6 mos +														
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) <u>Generalized Arteriosclerosis</u>														
DUE TO (c) <u></u>														
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)														
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)				
21. I certify that (I) (this hospital) attended the deceased from <u>June 13, 1966</u> , to <u>June 18, 1966</u> , that (I) (we) last saw the deceased alive on <u>June 18, 1966</u> , and that death occurred at <u>10:30</u> P.M. on the causes and on the date stated above.		22b. DATE SIGNED												
22a. SIGNATURE <u>Sarah M. Peyton</u>		22b. DATE SIGNED												
22c. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D.		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS						
								<u>Crisfield, Maryland</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF June 21, 1966		23c. NAME OF CEMETERY OR CREMATORIUM Tylerton Cemetery		23d. LOCATION (City, town or county) Tylerton, Md.				(State)				
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE								
Bradshaw & Sons — Crisfield, Md.				DATE JUN 23 1966		<u>Charles J. G.</u>								

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

38963

CERTIFICATE OF DEATH

Item 9 Film 6376 6/14/66 m

08960

1. PLACE OF DEATH a. COUNTY		Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Edw. W. McCready Memorial Hospital 308 Tyler Street					
3. NAME OF DECEASED (Type or print)	First CATHERINE	Middle Nolls	Last Neal	4. DATE OF DEATH	Month June Day 7 Year 1966
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3/6/1910	9. AGE (In years last birthday) 84 yrs.	10. UNDERScore 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Sea Food		11. BIRTHPLACE (County & State, or foreign country) South Carolina	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 270-26-4078		17. INFORMANT Mary Lane Address Crisfield, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Alcoholic Poisoning DUE TO (b) Chronic Alcoholism DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 1 week Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not White at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 6/3/66 to 6/7/66, 1966, that (I) (we) last saw the deceased alive on 6/3/66, and that death occurred at 3:50 PM from the causes and on the date stated above.					
22a. SIGNATURE Sarah M. Peyton 22b. DATE SIGNED 6/7/66					
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyton, M.D.		M.O. ATTENDING PHYS. <input checked="" type="checkbox"/> M.D. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS Crisfield, Maryland	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 6/10/66	23c. NAME OF CEMETERY OR CREMATORIAL Asbury	23d. LOCATION (City, town or county) Crisfield (State) Md.
24. FUNERAL DIRECTOR Anthony E. Ward Crisfield Md.	ADDRESS	25a. REC'D BY REGISTRAR JUN 13 1966	25b. REGISTRAR'S SIGNATURE Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M

08968

CERTIFICATE OF DEATH

08961

1 PLACE OF DEATH a. COUNTY Somerset b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Crisfield			2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Somerset		
c LENGTH OF STAY IN 1b life			c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Crisfield		
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) AT HOME			d. STREET ADDRESS RFD		
			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3 NAME OF DECEASED (Type or print)	First Thomas	Middle Franklin	Last Nelson	4 DATE OF DEATH Month June	Day 27
5 SEX M.	6 COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8 DATE OF BIRTH Jan. 20, 1876	9 AGE (In years from birthday) 99 yrs	IF UNDER 1 YEAR Months 0
10a. OCCUPATION (Give kind of work done during most active period, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) Somerset Co., Md.	
13. FATHER'S NAME Allen Nelson			14. MOTHER'S MAIDEN NAME Emma Tyler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO NONE		
17. INFORMANT George Nelson, RFD. Crisfield, Md.			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Inflammation of Intestines - DUE TO (c) Atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Crisfield	(County) Somerset
21. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that death occurred at _____ M, from causes and on the date stated above.					
22a. SIGNATURE Sarah M. Peyton		M.D. <input type="checkbox"/> ATTENDING PHYS. <input type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED 6-29-66
22c. PHYSICIAN'S NAME (Type) SARAH M. PEYTON		22d. ADDRESS			
23a. BURIAL, CREMATION, Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/>		23b. DATE THEREOF 6/30/1966	23c. NAME OF CEMETERY OR CREMATORIAL Asbury		23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md.
24. FUNERAL DIRECTOR L. Swanson			ADDRESS Crisfield, Md.	25a. REC'D BY REGISTRAR DATE JUL 1 1966	25b. REGISTRAR'S SIGNATURE J. Charles, Jr.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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1
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH												
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY								
Somerset MARYLAND				Maryland Somerset								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b since 1918								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 7 Standard Ave.				d. STREET ADDRESS 7 Standard Ave.								
3. NAME OF DECEASED (Type or print)				First SUSIE	Middle LAWSON	Last PARKS	4. DATE OF DEATH June 15 1966	Month	Day	Year		
5. SEX Female		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Jan. 24, 1892	9. AGE (in years last birthday) 74 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home				11. BIRTHPLACE (County & State, or foreign country) Holland's Island, Md.				12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Major C. Todd, Sr.				14. MOTHER'S MAIDEN NAME Anna Elizabeth Webster								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None				17. INFORMANT Miss Catherine Parks-same as 2., a.b.d.d. above				
Address												
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>(Carcinoma) Cervix & rectum</i> 177X DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) <i>metastases</i> DUE TO (c) <i>2 yrs</i>												
INTERVAL BETWEEN ONSET AND DEATH												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> p.m. 19				20d. INJURY OCCURRED				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Main St. -- Crisfield, Md.	(County)	(State)
21. I certify that (I) (this hospital) attended the deceased from <u>May 15</u> , 1966, to <u>June 15</u> , 1966, that (I) (we) last saw the deceased alive on <u>June 15</u> , 1966, and that death occurred at <u>6 P.M.</u> from the causes and on the date stated above.												
22a. SIGNATURE <i>Sarah M. Peyton</i>				22b. DATE SIGNED <u>6/22/66</u>								
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyton, M.D.				M.D. ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS Main St. -- Crisfield, Md.								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF June 18, 1966				23c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		23d. LOCATION (City, town or county) Crisfield, Md.		(State)
24. FUNERAL DIRECTOR Bradshaw & Sons -- Crisfield, Md.				ADDRESS 25a. REC'D BY REGISTRAR JUN 23 1966								25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

22970

CERTIFICATE OF DEATH

018963

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Rural - Pocomoke		c. LENGTH OF STAY IN 1b		b. STATE	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		Home - Rural Pocomoke		d. STREET ADDRESS		Md.	
d. STREET ADDRESS		Rural - Pocomoke		e. IS RESIDENCE ON A FARM?			
3. NAME OF DECEASED (Type or print)		First Middle Last		4. DATE OF DEATH		Month	Day Year
5. SEX		Walter Douglas Parks Jr.		June 25		1966	
6. COLOR OR RACE		Male Negro		6. COLOR OR RACE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH
						WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	June 8, 1902 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Laborer		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	
						10 yrs.	Months Days Hours Min.
13. FATHER'S NAME		Walter Douglas Parks Sr.		11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY	
						Md.	U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		No		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
				218-20-6153		Lottie Baggs	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ACUTE CONGESTIVE HEART FAILURE.					
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.		DUE TO (b) ART. SCLEROTIC CARD-RENAL DIS. 10 YRS. (c)					
DUE TO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERTAKING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
19		While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>					
21. I certify that (I) (this hospital) attended the deceased from 27/6/66, 1966, to 6/25, 1966, that (II) (we) last saw the deceased alive on 6/25, 1966, and that death occurred at 7 AM, from the causes and on the date stated above.							
22a. SIGNATURE		22b. DATE SIGNED					
Neville A. Baron		6/25/66					
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS					
Neville A. Baron		Pocomoke City, Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORIAL		23d. LOCATION (City/town or county) (State)	
Burial		6-29-66		Christ's Cem.		Westover, Md.	
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25d. REGISTRAR'S SIGNATURE	
James A. Lang		New Church, Va.		DATE JUN 28 1966		Charles Judge	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										08964	
CERTIFICATE OF DEATH											
1. PLACE OF DEATH a. COUNTY		Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		Crisfield				a. STATE		Maryland			
c. LENGTH OF STAY IN 1b		45 yrs <i>BB/1966</i>				b. COUNTY		Somerset			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		McCready Memorial Hospital				c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		Crisfield			
3. NAME OF DECEASED (Type or print)		First Julia	Middle L.	Last Rueben	4. DATE OF DEATH	Month June	Day 25	Year 1966	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. SEX		6. CDLDR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Female		White	WIDOWED <input checked="" type="checkbox"/>	Oct. 23, 1883	82	Own home		Chicago, Illinois		USA	
13. FATHER'S NAME		Unknown				14. MOTHER'S MAIDEN NAME		Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address					
No		None		Mrs. Helen Northam, Same as 2. abcd							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombo-Arteritis. Sclerotic Heart Disease</i>											
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio-Rheumatic Heart Condition</i>										Yes	
DUE TO (c) <i>Ischaemic Thrombosis (Numbness 2 weeks)</i>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Clinical Myocardial Disease Due to Nephritis</i>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>No injury</i>									
20c. TIME OF INJURY Month, Day, Year Hour a.m. <i>11 AM</i> 19 p.m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)					
21. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on June 25 1966, and that death occurred at 11 M, from the causes and on the date stated above.		22b. DATE SIGNED									
22a. SIGNATURE <i>George G. Coulbourn</i>		22b. DATE SIGNED									
22c. PHYSICIAN'S NAME (Type)		G.C. Coulbourn, M.D.				ATTENDING PHYS. <input type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORIUM				23d. LOCATION (City, town or county) (State)			
Burial		June 28, 1966		Sunnyridge Cemetery				Crisfield, Md.			
24. FUNERAL DIRECTOR		ADDRESS				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE			
Bradshaw & Sons, Crisfield, Md.						DATE JUN 29 1966		<i>Charles Judge</i>			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00872

CERTIFICATE OF DEATH

115965

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE	
Somerset MARYLAND		Maryland b. COUNTY Somerset	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield	
c. LENGTH OF STAY IN 1b Life		d. STREET ADDRESS 710 W. Main St.	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 710 W. Main St.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Mary	Middle Virginia	Last Somers
4. DATE OF DEATH	Month June	Day 1,	Year 1966
5. SEX	6. COLOR OR RACE Female White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1913
9. AGE (In years last birthday) 52 yrs.	10. KIND OF BUSINESS OR INDUSTRY Seafood Worker	11. BIRTHPLACE (County & State, or foreign country) Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank D. Riggan	14. MOTHER'S MAIDEN NAME Ida Ward	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) <input type="checkbox"/> None	
16. SOCIAL SECURITY NO. 217-03-1459		17. INFORMANT Allen Somers, Sr., Same as 2. abcd	Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>165x</i> <i>Cancerous of the L.</i> Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) _____ (c) _____			
INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office/bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from <i>Jan</i> , 1966, to <i>May 1</i> , 1966, that (I) (we) last saw the deceased alive on <i>May 31</i> 1966, and that death occurred at <i>521 M</i> , from the causes and on the date stated above.			
22a. SIGNATURE <i>Sarah M. Peyton M.D.</i>		22b. DATE SIGNED <i>6/9/66</i>	
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyton, M. D.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS 33 W. Main St., Crisfield, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF June 3, 1966	23c. NAME OF CEMETERY OR CREMATORIUM Crisfield Cemetery
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland		ADDRESS	25a. REC'D BY REGISTRAR JUN 8 1966
			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND														
CERTIFICATE OF DEATH														
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)										
a. COUNTY Somerset				a. STATE Maryland b. COUNTY Somerset										
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b 3 days										
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Edw. W. McCready Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print)			First Roth	Middle Child	Last Tyler	4. DATE OF DEATH Month June	Day 6	Year 1966						
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1896	9. AGE (in years last birthday) 69 yrs.	10. KIND OF BUSINESS OR INDUSTRY seafood	11. BIRTHPLACE (County & State, or foreign country) Somerset, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Andrew Tyler	14. MOTHER'S MAIDEN NAME Charlotte Messick	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 219-05-6872	17. INFORMANT Robert Tyler (son), Ewell, Maryland	Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Cerebral Atherosclerosis Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)												INTERVAL BETWEEN ONSET AND DEATH 2 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19				20d. INJURY OCCURRED at work <input type="checkbox"/> Not at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)						
21. I certify that (I) (this hospital) attended the deceased from 6/14/66 to 6-6 , 19 66 , that (I) (we) last saw the deceased alive on June 6 19 66 , and that death occurred at 5:20 AM from the causes and on the date stated above.														
22a. SIGNATURE Robert E. Roberts				22b. DATE SIGNED 6/6/66										
22c. PHYSICIAN'S NAME (Type) Robert E. Roberts, M.D.				M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS Crisfield, Maryland										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF June 8, 1966		23c. NAME OF CEMETERY OR CREMATORIUM Ewell Cemetery		23d. LOCATION (City, town or county) (State) Ewell, Md.						
24. FUNERAL DIRECTOR Bradshaw & Sons — Crisfield, Md.				ADDRESS 25a. REC'D BY REGISTRAR JUN 8 1966								25b. REGISTRAR'S SIGNATURE Charles Judge		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Then please remove carbon papers. Pages 1 and 2, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, director, page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND														
CERTIFICATE OF DEATH														
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			3. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			4. DATE OF DEATH					
Somerset			b. STATE Maryland			Crisfield			Month June	Day 21	Year 1966			
MARYLAND			b. COUNTY Somerset											
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 1b			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?					
Crisfield			1 Day			Calvary Road			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			e. DATE OF BIRTH			f. AGE (In years last birthday)			g. IF UNDER 1 YEAR					
McCreedy Memorial Hoslital			NOV-28-1900			65 yrs.			Months	Days	Hours			
3. NAME OF DECEASED (Type or print)			First Olin	Middle	Last Ward	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (County & State, or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
Male			W	WIOOWEO	DIVORCEO	10b. KIND OF BUSINESS OR TRADE			11. MARYLAND			12. USA		
RETIRED			PACER											
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, No, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT Address		
ZACK WARD			MINNIE WARD											
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]														
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vasculitis Accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>														
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) <u>Generalized Arteriosclerosis</u> (c) <u>Unknown</u>														
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Emphysema; Pastel Pneumonia; Pneumonia</u>														
20a. MEDICAL CERTIFICATION ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						19 June 3, 1966, to June 25, 1966, that (I) (we) last saw the deceased alive on June 24, 1966, and that death occurred at 7:30 from the causes and on the date stated above.						22b. DATE SIGNED <u>6-25-66</u>		
22a. SIGNATURE <u>A. N. Barr</u>						22c. PHYSICIAN'S NAME (Type) <u>A. N. Barr, M.D.</u>			M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22d. ADDRESS <u>Crisfield, Maryland</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE THEREOF <u>6-27-66</u>			23c. NAME OF CEMETERY OR CREMATORIUM <u>SUNNYRIDGE PARK</u>			23d. LOCATION (City, town or county) (State) <u>CRI\$FIELD MD.</u>					
24. FUNERAL DIRECTOR			ADDRESS <u>L.G. Weston-Crisfield - Md.</u>			25a. REC'D BY REGISTRAR <u>Charles Judge</u>			25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>					
VR A15 (4) 20M 1/65						DATE <u>JUL 1 1966</u>								



FOR STATE
HEALTH DEPT.

1 M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08975

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08968

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18c. Pages 1, 2, and 3 to the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with item 18c. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Age 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE MARYLAND b. COUNTY Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole		c. LENGTH OF STAY IN Tb Lifetime	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Edward J. Waters		First Edward	Middle J
Last Waters		4. DATE OF DEATH Month June	Day 21
Year 1966		5. SEX male	6. COLOR OR RACE Col.
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-9-1882	
9. AGE (In years last birthday) 83 yrs.		10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY retired	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Isaac Waters		14. MOTHER'S MAIDEN NAME Sarah Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give war record dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		Address Annie Waters, Oriole, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate with metastasis			
DUE TO 191X			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 0mo.	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
ACTUAL SIGNATURE <i>Everett Sutter</i>		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) Everett Sutter MD		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6-26-66	
22c. NAME OF CEMETERY OR CREMATORIUM St James		22d. LOCATION (City, town, or county) Oriole, Maryland	
23. FUNERAL DIRECTOR William H James Jr, Princess Anne, Md.		ADDRESS	24a. REC'D BY REGISTRAR DATE JUN 24 1966
			24b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>



1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												88969			
MEDICAL EXAMINER'S CERTIFICATE OF DEATH															
1. PLACE OF DEATH a. COUNTY			Somerset			MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			Crisfield			c. LENGTH OF STAY IN 1b			d. STATE Maryland			b. COUNTY Somerset			
						46 years									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			304 Hinman Road						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			Crisfield			
3. NAME OF DECEASED (Type or print)			First HOWARD			Middle BRINTON			Last WELLS, SR.			d. STREET ADDRESS 304 Hinman Road			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. SEX			6. COLOR OR RACE			7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			8. DATE OF BIRTH			9. AGE (In years last birthday)			10. IF UNDER 1 YEAR Months Days Hours Min.
Male			White			WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Sept. 11, 1895			70 69 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?						
Shipfitter			Ship Building			Baltimore, Maryland			USA						
13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME									
Harry George Wells						Laura Ann Debelius									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT			Address						
Yes WW 1			216-05-6415			Mrs. Lula Mae Wells, Same as 2. abcd									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]												INTERVAL BETWEEN ONSET AND DEATH Minutes			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion															
4201 Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) (c)															
DUE TO															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)															
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH												20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY			Month, Day, Year			20d. INJURY OCCURRED			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)			
Hour e.m. p.m.			19			White at work <input type="checkbox"/> Not White at work <input type="checkbox"/>									
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>												CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
ACTUAL SIGNATURE <i>C. G. Rawley</i>												M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) C. G. Rawley, M. D.												DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
												22. DATE SIGNED June 20, 1966			
												Address (Street, city, town, or county) Crisfield, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE THEREOF			23c. NAME OF CEMETERY OR CREMATORIUM			23d. LOCATION (City, town or county)			(State)			
Burial			June 19, 1966			Sunnyridge Cemetery			Crisfield, Md.						
24. FUNERAL DIRECTOR			ADDRESS						25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE			
Bradshaw & Sons, Crisfield, Md.									JUN 23 1966			<i>Charles Judge</i>			



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08977

CERTIFICATE OF DEATH

08970

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. STATE Md b. COUNTY SOMERSET	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Marion		c. LENGTH OF STAY IN 1b Life	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS P.O. Box 362A Marion	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19-1	
3. NAME OF DECEASED (Type or print) Bertha		First J	Middle Whittington
4. DATE OF DEATH Month June	Day 7th	Year 1966	
5. SEX F	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/17/1889
9. AGE (in years last birthday) 76	10. BIRTHPLACE (County & State, or foreign country) Marion Md.	11. IF UNDER 1 YEAR Months 0	12. IF UNDER 24 HRS. Days 0
13. FATHER'S NAME Lewis Fields	14. MOTHER'S MAIDEN NAME Mary Collins	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 217-03-4020	17. INFORMANT Matthew Whittington	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Emboli DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. 592X (b) Atherosclerotic heart cond. DUE TO (c) Chronic dut Hyperlipid C Hypercoagul years INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) general Arterio fibrosis	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. June 6 1966	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> 19	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Marion	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from June 6 , 1966, to June 7 , 1966, that (I) (we) last saw the deceased alive on June 6 , 1966, and that death occurred at Marion , M, from the causes and on the date stated above.			
22a. SIGNATURE George C. Cooleman		22b. DATE SIGNED 6/10/66	
22c. PHYSICIAN'S NAME (Type) George C. Cooleman	M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22d. ADDRESS Marion Sta - Md 21838
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 6/11/66	23c. NAME OF CEMETERY OR CREMATORIAL Wesley	23d. LOCATION (City, town or county) (State) Marion
24. FUNERAL DIRECTOR Hudson E. Ward Cris Field Md.	ADDRESS 1101 W. Preston St. Baltimore 1 Md.	25a. REC'D BY REGISTRAR ON JUN 13 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

05100



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1 **M** **08978** **10513**

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 12 years		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Tilghman Bldg., W. Main St.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Fred	Middle --	Last Zipperer, Jr.
4. DATE OF DEATH	Month June	Day 29	Year 1966
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 2, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker		9. AGE (In years last birthday) 74 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY Elk's Club		11. BIRTHPLACE (County & State, or foreign country) Somerset Co., Maryland	
13. FATHER'S NAME Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 043-05-9634	
17. INFORMANT		Address Mrs. Alice Zipperer, Huntington, L. I., N. Y.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction			
4201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic Heart Disease			
DUE TO (c) Recent minutes 3 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
MEDICAL CERTIFICATION 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. White Not White p.m. 19 at work <input type="checkbox"/> at work <input type="checkbox"/>		20d. INJURY OCCURRED factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 27 a.m.	
21. I certify that (I) (this hospital) attended the deceased from June 17, 1963 , to June 27, 1966 , that (I) (we) last saw the deceased alive on June 23, 1966 , and that death occurred at 7 P.M. , from the causes and on the date stated above.			
22a. SIGNATURE A. N. Barr, M.D.		22b. DATE SIGNED July 5, 1966	
22c. PHYSICIAN'S NAME (Type) A. N. Barr, M.D.		22d. ADDRESS W. Main St., Crisfield, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 2, 1966	
23c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		23d. LOCATION (City, town or county) (State) Crisfield, Md.	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		25a. REC'D BY REGISTRAR Charles Judge 25b. REGISTRAR'S SIGNATURE	
ADDRESS		DATE JUL 11 1966	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, in any event, within 72 hours after death.

